

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028990

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7378

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

Webster Groves

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

14 Wilshire Terrace

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

EDWIN

LEE

MOTT

4. DATE OF DEATH

Month

Day

Year

JULY

25

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/19/95

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Robert L. Mott

13b. MOTHER'S MAIDEN NAME

Elma Pipe

14. NAME OF HUSBAND OR WIFE

Margaret Mott

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Margaret Mott, 14 Wilshire Ter.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CARDIAC FAILURE

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

CARDIAC ARRHYTHMIA AND DIGITALIS INTOXICATION

24 HOURS

DUE TO (c)

ARTERIOSCLEROTIC HEART DISEASE

3 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

NOV. 3, 1925

to **JULY 25, 1962**

and last saw her alive on **JULY 25, 1962**

Death occurred at

9:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

FR Bradley M.D. F. R. BRADLEY, M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

7/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

7/28/1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo

25. DATE RECD. BY LOCAL REG.

JUL 27 1962

26. REGISTRAR'S SIGNATURE

Head Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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13

52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Volunteer Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.